

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **45396**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 315	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Mason			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Proctor		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Callao		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Continental Memorial Hospital				e. STREET ADDRESS (If rural, give location) 0610			
3. NAME OF DECEASED (Type or Print) a. (First) U.		b. (Middle) G.		c. (Last) Cashatt		4. DATE OF DEATH (Month) (Day) (Year) 12-28-57	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried		8. DATE OF BIRTH 8-24-66	
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Callao Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Andrew Cashatt		13b. MOTHER'S MAIDEN NAME Sarah C. Thomas		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Tom Cashatt		ADDRESS Callao Mo	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Conjunctive Circulatory failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolonged Pregnancy Sensitivity DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 12 hrs 2 wks Unknown							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec. 14 , 1957, to Dec. 28 , 1957, that I last saw the deceased alive on Dec. 27 , 1957, and that death occurred at 2:08 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sam A. Jolly D.O.				23b. ADDRESS 203 1/2 N. Clark, Moberly Mo		23c. DATE SIGNED 1-2-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30/57		24c. NAME OF CEMETERY OR CREMATORY Locust Grove		24d. LOCATION (City, town, or county) (State) Callao Mo	
DATE REC'D BY LOCAL REG. 12/30/57		REGISTRAR'S SIGNATURE Reaherhouse		25. FUNERAL DIRECTOR'S SIGNATURE H. E. Edwards		ADDRESS Proctor Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. G. Edwards*.....

Licensed Embalmer No. *1961*.....

P. O. Address *Sevier, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.